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ABSTRACT

Self-concept is one of the most popular ideas in psychological literature. Unfortunately, it is also an illusive and often poorly defined construct. Before attempting to assess self-concept, counseling practitioners or researchers must first clarify for themselves what they mean by "self-concept" and then choose a method or instrument consistent with that definition. Perhaps one of the most important distinctions that differentiates various conceptualizations is whether self-concept is viewed as an overarching, global characteristic of the person, or as a set of self-evaluations specific to different domains of behavior. Self-concept is inherently phenomenological, that is, it refers to the person's own view of self. Accordingly self-concept is almost always assessed through self-report. Commonly used self-report methods, rating scales, checklists, Q-sorts, and free response are described. The following considerations must be kept in mind when assessing self-concept: the person must have a sufficient level of self-awareness; measures require substantial verbal competence; and even children are aware that some responses are more socially acceptable than others. Counselors should use scores very cautiously when working with individual clients. (JBJ)

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ASSESSMENT OF SELF-CONCEPT

by William Strein

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Assessment of Self-Concept

William Strein

Self-concept is one of the most popular ideas in psychological literature. The ERIC database includes over 6000 entries under the "self-concept" descriptor. Unfortunately, self-concept is also an illusive and often poorly defined construct. Reviews of literature have found at least 15 different "self" terms used by various authors (Strein, 1993). Terms such as "self-concept," "self-esteem," "self-worth," "self-acceptance," and so on are often used interchangeably and inconsistently, when they may relate to different ideas about how people view themselves. Accordingly, definition is the first consideration in the assessment of self-concept. Before attempting to assess self-concept, counseling practitioners or researchers must first clarify for themselves what they mean by "self-concept" and then choose a method or instrument consistent with that definition.

Global Versus Domain-Specific Models

Perhaps the most important distinction that differentiates various conceptualizations is whether self-concept is viewed as an overarching, global characteristic of the person, or as a set of self-evaluations specific to different domains of behavior. The global view, sometimes conceptualized as "self-esteem" or "general self-concept," is the older and probably the more common view among counselors and therapists (Strein, 1993). Items comprising the *Rosenberg Self-Esteem Scale* (Rosenberg, 1965) capture the essence of the global self-concept idea, and continue to be used frequently in research. *The Piers-Harris Children's Self-Concept Scale* (Piers, 1984) and the *Tennessee Self Concept Scale* (Fitts, 1991), both commonly used instruments, are also rooted in the global tradition, although each also provides domain-specific scales.

In contrast to the traditional model of global self-concept, multifaceted models stress self-evaluations of specific competencies or attributes, for example, academic self-concept, physical self-concept, and so on. Although some theoretical models are hierarchical, with global self-concept at the apex, most of these models stress the distinctiveness of various self-concept facets. Extensive empirical research in developmental and educational psychology over the past 15 years has strongly supported the multifaceted view. Consistent with research findings, most published self-concept measures now emphasize domain-specific self-concepts. The clearest example of measures based on the multifaceted view is Marsh's (1992) set of scales *(Self-Description Questionnaire I, II, or III)* covering ages seven to young adult.

Methods of Self-Concept Assessment

Self-concept is inherently phenomenological, that is, it refers to the person's own view of him- or herself. In fact, one leading scholar in the field (Wylie, 1974) has argued that comparisons to external events are not particularly relevant in the assessment of self-concept. Accordingly, self-concept is almost always assessed through self-report. Four commonly used self-report methods are described below (Burns, 1979).

Rating scales are the most frequently used type of instrument. Most of the currently published instruments are of this type. Rating scales typically are composed of a set of statements to which the respondent expresses a degree of agreement or disagreement. Five- and seven-point Likert scales are common. Typical items might be "I am good at math" or "On the whole, I am satisfied with myself." Responses are then summed to form a score for a specific scale (e.g., math self-concept) or a measure of global self-concept.

Checklists involve having respondents check all of the adjectives that they believe apply to themselves. Because the adjectives have been assigned to a category, such as "self-favorability," based on either rational or empirical criteria, the person's choices can be tabulated to form a self-concept measure. Checklists provide interesting qualitative information, but have two shortcomings. First, responses are dichotomous (yes/no); there is no way for the respondent to indicate degree of agreement. Second, the categorization of the adjectives is done by an external party, without knowing what exact meaning the adjective has for the individual.

Q-sorts have been used extensively in self-concept research but are seldom used by practicing counselors because they are time-consuming and require considerable commitment from the client. In brief, the Q-sort technique involves having the person sort cards that contain self-descriptors (e.g., "I am strong") into a pre-defined number of piles ranging from "most like me" to "least like me." Typically, 100 or more cards would be used and each pile can contain only a pre-determined number of cards. Both quantitative and qualitative methods can be used to evaluate the results of the sorting task.

In free-response methods respondents typically complete partial statements (e.g., I feel best when...). Although some sets of these sentence-completion tasks have been published formally, complete with quantitative scoring

schemes, responses more frequently are evaluated qualitatively. Free-response methods are seldom used in self-concept research but have favor with many counselors because the open-ended, qualitative nature of the task lends itself to facilitating discussion with the client. The rather low reliability of such methods, however, argues against interpreting the results as a measure of self-concept.

Although most of the self-concept measures compare the person's response against some set of norms, one researcher (Brahm, 1981) successfully used a criterion-referenced approach in which the child's self-efficacy beliefs were assessed repeatedly in reference to an external criterion of accuracy. Brahm argues that this assessment approach integrates self-concept with mastery learning more effectively than does the traditional norm-referenced self-concept scale. Although this is a promising idea, it remains undeveloped.

Considerations in the Assessment of Self-Concept

Counselors or others who wish to assess self-concept must keep several considerations in mind, including demand characteristics of self-report measures, technical adequacy of the assessment procedure, and whether the assessment is being used for research or clinical purposes. Self-report measures make several requirements of the respondent (Burns, 1979). First, the person must have a sufficient level of self-awareness. Young children may lack confidence but may not be consciously aware of their own perceptions. Second,self-report measures also require substantial verbal competence, a skill that can not be assumed. Third, even children are aware that some responses are more socially acceptable than others. The accuracy of self-reports is often decreased by this "social desirability" response tendency.

Technical quality of self-concept instruments demands serious consideration. Reliability and validity coefficients for personality tests are frequently considerably lower than for performance measures, such as those for cognitive ability. For some of the older self-concept measures internal consistency reliabilities, especially for subscales, are only in the .70 range. Some newer instruments, however, attain internal consistency coefficients in the .90's. To help in choosing a test, prospective test users should consult technical manuals and test reviews carefully before making a final choice.

Finally, most empirically scored self-concept measures were developed more for research than for clinical use. Normative samples are seldom anywhere near as useful as for tests of achievement or ability. Information relating test scores to problem behavior is virtually absent. Counselors should use scores from self-concept measures very cautiously when working with individual clients.

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